



Southeast Wisconsin Medicaid Managed Care Organizations RFP

Provider Network and
Submission Requirements

Department of Health Services
November 11, 2009



Section Outline

- Overview
- Necessary components for the RFP at time of submission
- CD #1: Provider network, hospitals & urgent care clinics
- CD #2: Provider network agreements
- XML provider network file
- XML test file submission
- Questions

Overview

- Proposals will be evaluated on the provider network requirements in the BadgerCare Plus Contract (Appendix A)
 - Geographic (page 51)
 - Ratios (page 54)
 - Ratios will be calculated using the maximum enrollment figure provided by the Proposer, or 70% of all eligible members if no maximum is provided.
 - Must include all specialties on page 50
 - Must include hospitals and urgent care clinics

Necessary Components for RFP Submission



- Proposer must provide a network that meets all requirements in the BadgerCare Plus Contract (Appendix A)
- Proposer must submit two CDs for their provider network with the RFP

Provider Network Files

- CD #1:
 - Extensible Markup Language (XML) file of all providers and hospitals
 - No less than 75% of the providers included in the XML file must be Medicaid Certified at the time of submission
 - All providers included in the XML file must be Medicaid Certified no later than two months following the letter of intent to award
 - Microsoft Excel file of urgent care clinics
 - The Proposer's network of urgent care clinics must be submitted in an Excel file that matches the table on page 3 of Appendix D
 - Each urgent care clinic must meet all requirements within the table on page 3 of Appendix D or it will not be counted towards the geographic requirement on page 52 of Appendix A



Provider Network Files

- CD #1 (continued):
 - If the Proposer fails to submit a satisfactory provider network and facility file in accordance with the technical specifications, the State reserves the right to disqualify the RFP from additional consideration



Provider Network Agreements

- CD #2:
 - For each provider, hospital and urgent care clinic that is included on CD #1, the Proposer must include a pdf file of a signature page of a signed contract or letter of intent that the provider agrees to participate in the Proposer's network
 - The Proposer must include one pdf file of a copy of the entire contract or letter of intent that was signed by the providers, hospitals and urgent care clinics
 - This is an amendment and will be formally posted on the RFP website



XML Provider Network File

- XML is a set of rules for encoding documents electronically and was chosen for provider network submission for its simplicity, generality, and usability.
- The provider network and facility XML file must be submitted using the specifications of the XML layout provided in Appendix D.
- If the XML is malformed or does not meet the syntactical specifications in this document, the file will not be processed and an electronic report will be generated. The report, which will list any errors or conflicts found, will be returned to the RFP proposer indicated in the daily and monthly email contact field.



Specification Guidelines

- The XML data fields section of Appendix D lists each valid field name and indicates whether a field is required. Any empty or invalid field marked required will result in a failed XML file.
- Field Name “Provider Specialties”
 - The list of provider specialties in Appendix D represent Medicaid provider specialties. For each provider in the XML file, the HMO must list the providers specialty according to the coded list. Each provider must have at least one specialty but can be reported with multiple specialties.
- Please note: this list is not meant to be a comprehensive list and may not include specialties found in nationally recognized specialty groupings or codes.
- Example: Internal Medicine, No code for Rheumatology



Specification Guidelines

- Field Name “Facility Number” identifies a specific facility (hospital) that is part of an HMOs network. A comprehensive list of State hospitals is provided in the Appendix D.
- Field Name “County Code” is a three digit numeric code that corresponds with each WI county. A county code crosswalk will be added to the RFP website.
- Field Name “MCO ID”
 - Because RFP proposers will not have been an assigned MCO ID, please use any 8 numeric character combination as a placeholder.

Common Problems

- Missing/incomplete data in required data fields
- Invalid XML format
- Fixing only one instance of a repeating error

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      <LAST_NAME>MOORE</LAST_NAME>
      <MIDDLE_INITIAL>K</MIDDLE_INITIAL>
      Invalid value: <GENDER>1</GENDER>
      <LINE_1_ADDRESS>555 W MAIN ST</LINE_1_ADDRESS>
      <LINE_2_ADDRESS>STE 500</LINE_2_ADDRESS>
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XML Test File Submission

- DHS encourages Proposer's to submit an optional XML provider test file no later than 12/14/09
- The purpose of the test file is to give Proposers the opportunity to resolve any technical issues prior to the RFP submission
- Only a portion of the Proposer's provider network is necessary for this test file
- Test files should be emailed as an attachment to Jonathan Moody (jonathan.moody@wisconsin.gov)



Questions